TRICARE DENTAL PROGRAM-OCONUS (January 2005)

1. Some basic features of the Tricare Dental Program-OCONUS (TDP-O)

- It's for active-duty family members, and Reservists and their family members, who must be enrolled and pay a premium to use it.
- Premiums are funded 60% by the government for ADFMs and selected Reservists (Special Mobilization Category). Current ADFM premiums are \$8.14 / month for one FM or \$20.35 / month for 2 or more FMs.
- In CONUS, enrolled ADFMs are legally barred from seeking any TDP-covered procedure from a military clinic, and non-enrolled ADFMs are very likely to find that space is not available to offer any amount of care other than emergency services. The net effect forces ADFMs to use the TDP or use other private means to receive dental care.
- OCONUS, military dental clinics are the primary point of service for ADFMs, to the extent that space is available after the AD demand for care is met. The TDP-O supplies improved ADFM access to procedures for which the military clinics can't meet the demand. OCONUS, ADFMs are <u>not</u> barred from seeking procedures in military clinics that are benefits under the TRICARE Dental Program.
- Like all insurance programs, the TDP-O has a list of procedures it covers and many rules and conditions related to when a procedure is a covered benefit. It does not cover all recognized and accepted dental procedures. As an example, it does not cover any implant procedures, nor any restorations placed just due to tooth wear or for esthetics only. It generally covers the least costly professionally acceptable treatment.

2. How does an enrolled ADFM use the TDP in Korea?

- OCONUS, the enrolled ADFM must be referred to a list of approved TDP-O local national dentists by a military dental clinic. The ADFM must receive a Non-Availability and Referral Form (NARF) from the military clinic that lists specific procedures the patient is being referred for. The insurance contractor will only consider those covered procedures listed on the NARF for payment.
- To obtain a NARF, the ADFM must receive an examination in a military dental clinic. Once the examination is done, the ADFM is told which treatments can likely be provided by the military clinic and which can't. The ADFM is then free to seek care in the military clinic, subject to space availability and resources, to seek care in the military clinic for part and use the TDP-O for the remainder, or to use the TDP-O for all their needed treatment, as they wish. Some choose to reduce the "hassle factor" of competing for appointments in the military clinics and use the TDP for all their treatment needs.

- For procedures that the military clinic can't provide, or when the ADFM wishes to seek care under the TDP-O with an approved local national dentist, the military clinic issues the NARF and assists the patient in making the initial appointment at an approved dentist's office.
- The approved local national dentists are not bound by any contracts, so they usually do not accept assignment of insurance benefits and consequently expect payment at the time service is provided. Of course, patients are free to make whatever payment arrangements they wish to with the dentist. Once the patient has received treatment, the dentist fills out his part of an insurance claim form and lists accomplished procedures and the fees charged. The patient brings the claim form, the dentist's itemized bill, and the NARF back to the military dental clinic for review before submitting it. The patient then sends the claim for reimbursement of covered benefits to the insurance contractor. Patients typically receive reimbursement in about 2 weeks.

3. What are the coverage benefits for various categories of treatments?

- The far right column below shows the percentage of a dentist's fee that an enrolled beneficiary is liable for in an OCONUS area such as Korea. It is clear from this table that coverage is <u>better</u> OCONUS that in CONUS for nearly all procedures except crowns, bridges, dentures, and braces, where coverage is identical.

Type or Service	Pay Grades E-1 to E-4 CONUS	All Other Pay Grades CONUS	oconus*
Diagnostic	0%	0%	0%
Preventive (except sealants)	0%	0%	0%
Emergency Services	0%	0%	0%
Sealants	20%	20%	0%
Basic Restorative	20%	20%	0%
Endodontic	30%	40%	0%
Periodontic	30%	40%	0%
Oral Surgery	30%	40%	0%
Other Restorative	50%	50%	50%
Prosthodontic	50%	50%	50%
Orthodontic	50%	50%	50%
General Anesthesia	40%	40%	0%
Intravenous Sedation	50%	50%	0%
Consultation/Office Visit	20%	20%	0%
Medication	50%	50%	0%
Post Surgical Services	20%	20%	0%
Miscellaneous Services (occlusal guard, athletic mouthguard, bleaching)	50%	50%	0%

- If a TDP-O dentist's fee for a particular procedure were to exceed the maximum allowable fee for that procedure, the patient would ordinarily be liable for that differential. In the OCONUS area, however, the government will reimburse the patient for this differential. This is transparent to the patient, as the insurance contractor seeks the differential payment from the government when processing the claim from the patient and then pays the patient their covered benefit percentage plus the differential paid by the government. Maximum allowable payments for covered procedures are closely guarded trade secrets of the insurance industry, so we have no information about what they are for Korea.
- A general assessment of fees charged by the approved TDP-O dentists in Seoul suggests that their fees range as low as 25% and as high as 75% of typical fees charged by US dentists. This generalization may not hold true in all cases, and is based on the bills we've seen recently.

4. For what types of treatments are the military dental clinics unable to meet the demand from ADFMs?

- The military dental clinics in Korea typically can't meet all the ADFM demand for root canals, crowns, bridges, periodontal treatment, or braces. Where concentrations of command-sponsored ADFMs have historically been located (Taegu, Yongsan, Pusan), the military clinics are reasonably able to meet the ADFM demand for cleanings, fillings, and simple oral surgical services. The Yongsan and Taegu areas are also supported with pediatric dental care and orthodontic (braces) care. The demand for new case starts in orthodontics always exceeds the resource capabilities so some TDP usage occurs for orthodontics even in Yongsan.
- Areas other than Yongsan, Taegu, and Pusan did not historically have any command-sponsored family members and were not resourced to support family member dental care to any significant extent. This is still true today, because these areas still have relatively low numbers of ADFMs, whether command-sponsored or not. With the rapidly changing nature of US force positioning on the Korean peninsula, and planned increases in command-sponsored tours, the TDP-O will increase in importance as a source of ADFM dental care access. This will probably be most rapidly evident at Camp Humphreys.

5. What does the approved TDP-O provider list consist of now and how was this list developed?

- As of early October 2004, we have one Oral Surgeon, six General Dentists/Prosthodontists, seven Orthodontists, one Pediatric Dentist, one Periodontist and two Endodontists serving as Host Nation Providers. All of these dentists are actively receiving TDP-O referrals but are not being overwhelmed by the volume.
- The burden of finding suitable local Host Nation Providers to be approved TDP-O providers falls to the military. The local military dental unit must develop the

network of providers and educate them on administrative aspects of the TDP-O, market the TDP-O to the local military communities, and provide administrative overhead for the TDP-O users. Each Area within Korea has Army dentists performing these activities, assisted by their dual-language colleagues and staff. A civilian hiring action for the Area II Dental Benefits Advisor was posted recently. The hope is to hire a full-time civilian manager for the TDP-O and grow additional full-time civilian hires in all areas over time.

6. How is implementation of the TDP-O progressing?

- Doing examinations of ADFMs who wish to use the TDP-O, handling enrollment verification, scheduling patients for their referral exams, and answering patients' questions about the TDP-O are some of the tasks taken on by the Area TDP-O Representatives. The TDP-O is marketed at multiple venues, such as the ACS Newcomer's Orientation, the Co Commander/1SG course, the 18th MEDCOM Healthcare Consumer Forum, the Healthcare Carnival, Area Town Hall meetings and any other opportunities that present themselves. Implementing the TDP-O has required an intense investment of time and personnel.
- The patients who've been referred off –post to the approved TDP-O dentists have universally reported positive experiences. We are hoping as their numbers increase, that word-of-mouth advertising will help convince other ADFMs that the TDP-O is a real, acceptable alternative to the limited resources the military dental clinics can offer.
- We have referred patients to our TDP-O dentists for typical services that include cleanings, root canals, crowns and bridges, fillings, and extractions. We aren't aware of any problems with covered procedures being denied by the insurance company. Patients are reporting receiving timely reimbursements from the insurance company.

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